

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. **810609**

IL-18

ID #320

ILS-000-001-122

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name **WASTE MANAGEMENT OF ILLINOIS, INC.**

Street **P.O. Box 563**

City **Palos Heights**

State **IL**

Zip Code **60463**

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site **GREEN VALLEY LANDFILL**

Street **9 S 610 Greene Road**

City **Naperville**

County **DuPage**

State **IL**

Zip Code **60540**

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) **Diver, Jeffrey - Envir. Counsel**

Phone **312/654-8800**

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) **1976** To (Year) **PRESENT**

(ALL LIQUIDS AND SLUDGES WERE DISCONTINUED IN 1977)

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☒ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☒ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☒ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☒ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☒ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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EPA Region 5 Records Ctr.



327901

Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet 1200 C

gallons _____

Total Facility Area

square feet _____

acres 200 A

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

THE SINGLE ARGUABLY HAZARDOUS WASTE STREAM TAKEN TO THIS SITE WAS IN SMALL QUANTITIES (10 yds/wk.) AND FOR A SHORT TIME (a year or less). THE WASTE HAD BEEN ANALYZED AND FOUND TO HAVE VERY LOW CONCENTRATIONS OF HEAVY METALS (i.e., LESS THAN EP TOXICITY LEVELS).

Environmental Counsel has prepared this form, based upon composite information provided in written and oral responses from employees of the reporting company,

much of which may have been founded in hearsay, rumor, speculation and imperfect recollection of past events. No admission or representation is therefore made that any of the wastes handled by this company, or generically reported on this form, would actually meet a listed description or characteristic of "hazardous waste" at 50 CFR, Part 261. Where a "facility waste amount" is indicated, it is, in most cases, a very crude estimation of "potentially hazardous waste," as in most cases, no records of waste types or quantities were available. If the reporting company is a "transporter," no representation is made that the company selected the reported site, nor that all of the waste types indicated were actually transported by the reporting company.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name W. Brand Bobosky, Asst. Secretary

Street 900 Jorie Boulevard

City Oak Brook State IL Zip Code 60521

Signature

W. Brand Bobosky

Date 6/9/81

- ☐ Owner, Present
☐ Owner, Past
☒ Transporter
☒ Operator, Present
☐ Operator, Past
☐ Other

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810608

IL #191

ILS-000-001-121

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Director
Street Veterans Administration Hospital
City Hines State Ill. Zip Code 60141

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Green Valley Landfill
Street 9S610 Green Road
City Naperville County DuPage State Ill Zip Code 60540

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Zelisko, Steve Assistant Engineer Officer
Phone 312-343-7200 Ext. 2383

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) (Unknown) To (Year) (Aforementioned commercial landfill is still currently engaged in active landfill operations)

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☒ Other (Specify)

Medical-Pathological waste is incinerated at this station. All other hospital solid waste is transported to "Green Valley" landfill by this station

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☒ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

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Notification of Hazardous Waste Site**Side Two****F Waste Quantity**

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet Unknown

gallons Unknown

Total Facility Area

square feet Unknown

acres Unknown

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None
X Unknown

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Note: See attached sheets

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Steve Zelisko, Asst. Engineering Officer

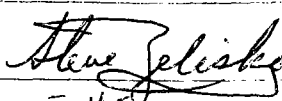
Street P.O. Box 285

City Hines

State IL

Zip Code 60141

Signature



Date 5-29-81

- ☐ Owner, Present
☐ Owner, Past
☒ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other

Item I - Description of Site

(A) Past history of site:

This station commenced use of "Green Valley" landfill facilities for disposal of this hospital's solid waste (less medical - pathological waste) via station owned refuse vehicle on or about July 3, 1980, at which time inspection indicated that landfill owners were following good landfill practice including:

- (1) Eliminating overnight exposure of solid waste materials by back filling with earth daily during day light hours.
- (2) Prohibiting participation of unauthorized persons toward reclamation of salvagable items.
- (3) Providing adequate storm water drainage facilities.
- (4) Providing adequate control towards elimination of rodents.

(B) Present conditions of site:

Same as indicated above with the following additional improvements:

- (1) Access road surfaced with stone and gravel to retard mud conditions.
- (2) Access road is water sprinkled during summer months to retard dust conditions.
- (3) Discharge ("dump") point is changed daily.

(C) Landfill site is accessible from Hines, Illinois via:

- (1) 1st Avenue to 22nd Street
- (2) 22nd Street to Mannheim Road
- (3) Mannheim Road to 31st Street
- (4) 31st Street to U.S. Route 83 - South
- (5) U.S. Route 83 - South to Route 75
- (6) Route 75 to Green Road, Naperville, Illinois
- (7) Green Road to landfill "check-in-point" office.

(D) Description of nearby wells, springs or lakes - Unknown.

(E) Description of nearby housing:

Housing facilities are not available in nearby vicinity.

(F) Solid waste disposal method:

(1) Transported to landfill site by station owned and operated rear end loaded, 25 cubic yard capacity, compaction type, refuse truck.

(2) Back filled daily, with earth, by landfill owner.

(G) Origin of solid waste: VA Hospital, Hines, Illinois also includes:

(1) VA Hines Data Processing Center, Hines, Illinois

(2) VA Hines Marketing Center, Hines, Illinois